

BRITISH MEDICAL ASSOCIATION.  
SUBSCRIPTIONS FOR 1895.

SUBSCRIPTIONS to the Association for 1895 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office Orders should be made payable at the West Central District Office, High Holborn.

## British Medical Journal.

SATURDAY, JANUARY 19TH, 1895.

### THE BRITISH MEDICAL ASSOCIATION AND CLUBS AND FRIENDLY SOCIETIES IN THE SOUTH OF IRELAND.

THE importance of the stand made by the members of the profession in Cork against the abuses which have grown up into the club system is meeting with general recognition, and their action is likely to have far-reaching results.

In the movement in Cork the lead has been taken by the Cork and South of Ireland Branch of the British Medical Association. A deputation from this Branch was received by the Council of the British Medical Association at its quarterly meeting on January 16th. The object of the deputation was to explain the exact position taken up by the medical men in Cork in their contest with the managers of the clubs and benefit societies in that city, and to ask for the advice of the Council of the Association with regard to such medical men as might be induced by the promises held out to accept the appointment of medical officers to the societies and clubs in Cork which have not given in their adherence to the rules promulgated by the Branch.

The deputation further desired to discuss the possibility of extending the movement against the admission as members of such clubs and societies of persons whose pecuniary position did not entitle them to medical attendance at club rates, and of enlisting moral and material support in aid of medical men who, having resigned the position of medical officers to such clubs, were deprived of the means of maintaining themselves.

The deputation, which consisted of Professor Henry Corby, Dr. Cummins, and Dr. Philip Lee (Honorary Secretary of the Branch), was introduced by Dr. Sandford, the representative of the Branch on the Council. The deputation stated briefly the position of the question, and the causes which had led to the action taken by the medical men in Cork. These are already sufficiently well known to our readers who have followed the subject in the series of articles published in the BRITISH MEDICAL JOURNAL during the last six weeks. The deputation stated further that a fund had been opened by the Cork and South of Ireland Branch of the British Medical Association with the view of indemnifying those medical men in Cork whose pecuniary position had been seriously compromised by their loyal adhesion to the terms of the regulations and rules adopted and approved by the Council of the Branch.

The action taken in consequence of these representations by the Council of the British Medical Association will, we believe, be hailed with satisfaction by many members of the medical profession in this country as well as in Ireland, who in the solitude and isolation of their daily life are sometimes disposed to think that their more fortunate brethren have not sympathy enough with their hard struggle with adverse fates.

The following resolution, moved by Dr. Ward Cousins, from the chair, and seconded by the Treasurer, was adopted unanimously:

That the Council of the British Medical Association receive most cordially the deputation from the South of Ireland Branch, and much regret to hear of the unfortunate contention which has occurred within the area. The Council strongly condemns the admission of improper persons as members of medical aid societies. They deeply sympathise with those medical men who have been compelled to resign their positions, and unanimously resolve to render them all the assistance in their power.

A further resolution was also adopted on the motion of Mr. Butlin, seconded by Dr. Saundby, desiring that publicity should be given to the fact that a fund has been opened by the Cork and South of Ireland Branch of the British Medical Association in order to afford pecuniary assistance to those medical men in Cork who have resigned their positions in connection with the clubs. The Council desire it to be announced that subscriptions from members of the Association towards this fund will be received by Dr. Denis Dempsey Donovan, of 51, King Street, Cork, who is acting as treasurer of the local fund.

We need only add that we wish the profession in Cork all success in their fight to establish a principle of fundamental importance to the material interests of the medical profession. We not only wish them success, but we believe they will win. It is true that at the present time only five out of the thirty-one medical clubs and benefit societies in Cork have accepted the terms and conditions stated in the rules drawn up by the Cork and South of Ireland Branch, but there is gratifying evidence that the action of the Branch is receiving support from the rank and file of the profession. Thus we understand that many junior members of the profession who were at first disposed to offer themselves as candidates for appointment as medical officers to these clubs, have declined to proceed as soon as the facts became known to them, and we have before us a letter addressed by a young practitioner in a country part of the South of Ireland to one of the members of the Council of the Branch, conveying his desire to become a member of that Branch as a mark of his sympathy with and admiration of the plucky stand made by the Branch. In the course of his note he expresses the opinion that the position of the Branch would be strengthened if the unattached members in the South of Ireland, who number over 100, became members of the Branch. To this view we cordially subscribe.

### SANITARY DEFICIENCIES IN EAST LONDON.

REPORTS by the medical officer of the London County Council on Deptford, Mile End Old Town, and Whitechapel have been recently issued from the Public Health Department of the Council. The medical officer has caused inquiry to be made into the sanitary condition and administration of the three districts; the results obtained are set out in detail, and in each instance the conclusion is drawn that the exist-

ing staff of inspectors requires to be strengthened. In Deptford and Whitechapel the need of regular inspection of workshops is insisted upon, in Mile End workshops appear to have received a good deal of attention. All three districts are, however, alike in one respect—no systematic attempt has hitherto been made to put in force by-laws under Section 94 of the Public Health (London) Act, 1891, relating to houses let in lodgings, or occupied by members of more than one family. The important provisions of this section should no longer be allowed to remain in abeyance—indeed, it is matter for surprise that the necessary action should still, after the lapse of four years, remain to be taken.

It is becoming clearer every year that the provision of healthy dwellings and sanitary surroundings for the poor, great as is the task, is but a part, and not the major part, of the work which the sanitary authorities have to perform. The rapid and unjustifiable manner in which all improvements deteriorate under the treatment they receive, the entire indifference of many of the people to the condition of the appliances provided for their health and comfort, and the fact that in many cases the standard of sanitation attempted to be enforced is a little higher than that which is acceptable to the people or to which they have been accustomed, all tend to increase enormously the work of the authorities. It is not a matter of putting things to rights, but of constant inspection to keep them from going wrong again. This, of necessity, involves a large staff of inspectors, and it is quite clear from these reports that, well as the present staffs are working, they are insufficient to cope with the special conditions of such a population.

Taking, for example, the Whitechapel district, we find a population of 73,000, crowded together at the rate of 215 persons to the acre, the densest population noted in the medical officer's report for 1892 being St. George-the-Martyr, with 211, while the average for London was only 57 per acre. but the density in Whitechapel is very unevenly distributed, one part having only 11 to the acre, while another has the enormous figure of 428. Among these people, also, there were two years ago 17,961 foreigners, of whom 13,538 were Russians or Russian Poles, who by this time have probably been increased by another 6,000.

The birth-rate is high, being 40.9 per mille; so also is the death-rate—25.6, against 20.9 for the whole of London.

Of the houses and tenements, about 650 in number, visited by Dr. Hamer, 58 per cent. were found defective. The indifference of tenants is well shown in the following paragraph: "Defects in connection with waterclosets I found of common occurrence. I noted 12 instances of choked waterclosets, 9 instances of broken watercloset pans, 6 of total absence of fittings for the supply of water, 65 in which the flushing apparatus was out of order, 29 foul pans, 17 instances in which the flush of water was inadequate, and 4 of broken closet seats. In many cases where defects of this kind exist the tenants do not take any steps to secure a remedy; for example, I found 3 closets full of excreta in a courtyard surrounded by 11 houses. Inquiry elicited the fact that these closets had been choked for several days. No complaint, so far as I could learn, had been made by the tenants, and but for this chance visit of the inspector and myself, the condition of things might

apparently have remained unremedied for an indefinite period."

Nothing shows the low standard of comfort which people of this class will put up with more than the amount of overcrowding of their tenements. At one place a man, his wife, and seven children were found occupying a single room of 800 cubic feet capacity; again, two rooms were occupied by a man and wife and their family, consisting of a grown-up son and his wife and three children, two grown-up daughters, and a second son. In another case a family of ten persons (man, wife, and eight children, aged from 6 to 23, of both sexes) occupied two small rooms; and in a further case another pair of small rooms accommodated man, wife, and eight children, aged from 5 to 20, of both sexes.

When life is carried on at such a social level, one cannot expect much care for the propriety of sanitary appliances, and nothing but the most rigid inspection will ensure things being kept in order. It must be borne in mind, however, that a proper application of the law as to the registration and regulation of houses let in lodgings would do a great deal to raise the sanitary standard of houses of this description; but to carry out this, again, rigid inspection would be even still more necessary. All the reports are unanimous in regard to this, and it is pretty clear that the present numerical weakness of the staff is responsible for many of the deficiencies in sanitary administration which are pointed out, especially such as pertain to the inspection of workshops and the dwellings of out-workers, a matter which appears not to have been touched either by Whitechapel or Deptford.

#### THE CHELSEA HOSPITAL FOR WOMEN.

THE outcome of the election at the Chelsea Hospital for Women on January 16th—which we announce on another page—will, we imagine, surprise no one. Only the most sanguine could have anticipated any other issue. If it was not the deliberate intention of the Board of Management from the outset to condone its own action of last summer and simply to reappoint the staff elected in August, it must at least be admitted that they took the best possible means to compass this end. While making a great parade of empanelling a medical committee of advice, which was to guide them in the selection of a staff, they adopted the very course of procedure best adapted to render the appointment of such a committee no more than a formal concession to professional opinion. Whether a medical committee was actually appointed or not has never, as far as we know, been officially announced. It was generally understood that three distinguished physicians and one eminent surgeon had consented to sit upon it; but we believe we are right in saying that the advertisements of the posts on the staff were issued before any such committee was formed, and that up to the last day for receipt of applications candidates were still left in uncertainty by what tribunal their merits were to be judged, or how far the verdict of that tribunal was likely to be acted upon. It was obvious to everyone that under such conditions the number of new candidates of an eligible order presenting themselves was not likely to be large.

This last proceeding of the hospital management is but of a piece with all the rest. We have done our best to induce those responsible for the control of this unfortunate insti-

tution to place their hospital on a satisfactory footing, and to conduct their proceedings in such a manner as to gain the confidence of the medical profession. That the leading laymen connected with it should be angry and resent our remarks in the tone they adopted in their recent general meeting is, we suppose, only to be expected under the circumstances. "Wilful men will have their way." We should gladly have seen this hospital set upon the right track. As things are, it can hardly fail to point once more the moral of the disadvantages inherent in the constitution of small special institutions as compared with that of the large general hospitals.

## STUDIES IN THERAPEUTICS.

### VII.—TRIONAL, SULPHONAL, AND TETRONAL.

A HARMLESS hypnotic, useful in all kinds of cases, and certain of producing the required effect, is a sort of "philosopher's stone" for modern therapeutic research to discover. Nevertheless, modern research has discovered hypnotics, which in certain cases are found preferable to the older ones. Amongst these, the group of drugs—sulphonal, trional, and tetronal—have been already before the medical public for a considerable time. Sulphonal has been the longest in use of these three, and the most employed. Tried in all sorts of cases it was found in certain conditions to produce the required effects, and at the same time to be safer than older hypnotics. It was found useful in the insomnia of nervous irritability, in chronic heart affections, phthisis, etc., especially when opium was contraindicated. On the other hand, it is sometimes slow in its action and cumulative in the system, and may be attended with disagreeable after-results, such as anorexia, diarrhoea, vomiting, giddiness, headache, or depression. It is said also to increase arterial blood pressure, and to be contraindicated in angina pectoris.

Sulphonal is diethylsulphon-dimethylmethane. Baumann and Kast,<sup>1</sup> the latter of whom had first described the hypnotic effect of sulphonal, made a number of experiments upon dogs<sup>2</sup> with compounds allied to sulphonal, and concluded that their hypnotic action increased with the number of ethyl groups in their molecules. Sulphonal contains only two ethyl groups in its molecule, whilst trional (diethylsulphon-methylethylmethane) contains three, and tetronal four (diethylsulphon-diethylmethane). If Baumann and Kast's theory were correct, then trional should be a more powerful hypnotic than sulphonal, and tetronal than trional, as they were actually described to be in the case of dogs. Barth and Rumpel tried to find out how far this conclusion was correct in the case of human beings.<sup>3</sup> They gave trional and tetronal to patients who had already taken sulphonal with advantage. Like sulphonal, both trional and tetronal were found to have marked hypnotic properties, but this action of the three drugs did not seem to bear a definite relation with the number of ethyl groups contained in their molecules, as described by Baumann and Kast in their experiments on dogs. On the contrary, the same dose of any of the three drugs was found to have much the same effect, though it was noted that when any one of the three

had been administered several days in succession, a change to one of the others usually intensified the action. In a few cases where sulphonal was slow in its action, trional and tetronal produced a full hypnotic effect. Barth and Rumpel considered that the indications for trional or tetronal probably corresponded with those for sulphonal, but that in some nervous condition the two former may act better than the latter. Neither trional nor tetronal, even when given in doses of 4 grains daily, produced, according to these observers, any perceptible effect upon the outbreak or course of alcoholic delirium. No injurious by-effects were observed by them in any of the 220 cases in which trional and tetronal were administered. As a hypnotic, tetronal acted in 14 cases better than sulphonal, in 4 cases worse than it, and in 6 equal to it; while trional acted in 17 cases better than sulphonal, in 7 cases worse than it, and in 6 cases equal to it.

More recent observers—Horvath, Hammerschlag, Koppers, etc.<sup>5</sup>—are more enthusiastic as to the advantages of trional. Whilst Horvath, however, from experiments on animals, concludes that tetronal acts better than trional, Ramoni,<sup>6</sup> from experiments on lunatics, thinks that trional is the stronger hypnotic of the two. Trional is a colourless substance, possessing a slightly bitter taste, soluble in 320 parts of cold water, and, owing to the rapidity of its action, is best administered about half an hour before bedtime in about 8 ounces of some warm vehicle, as tea, broth, or milk. If necessary, it can also be administered by the rectum, its action thereby not being lessened.<sup>7</sup>

The action of trional is much the same as that of sulphonal, but the advantages claimed for it are that it is a more powerful hypnotic, that it may act where sulphonal fails, that its action is more immediate, and that unpleasant after-effects are fewer or absent altogether. Schaefer adds that after continued use of trional no disagreeable symptoms follow its discontinuance, and no "trional habit," it is said, is established; but similar claims made for other drugs have proved ill-founded. The average dose for a healthy individual is about 15 grains, and this will usually suffice for simple insomnia; 20 or 30 grains may be given if necessary, but with still larger doses the effects do not seem to increase proportionally; according to Koppers<sup>8</sup> 4 or 8 grains may suffice to diminish night sweats. By experiments on animals Horvath found that it first increased and then diminished the pulse frequency; that the blood pressure was only slightly lowered, and that death took place by cessation of respiration.

Amongst the occasional unpleasant effects observed in human beings Koppers mentions diminution of blood pressure in a case of heart disease, and Hammerschlag and others have noted some slight digestive disturbances. It appeared never to cause albuminuria. In a few cases lassitude, headache, giddiness, tinnitus aurium, and a sort of ataxy with Romberg's sign, have been noted next day.<sup>9</sup>

Koppers places trional as a narcotic above sulphonal, amylenehydrate, chloralamide, bromides, and chloral, but finds that in cases of severe pain it does not possess the

<sup>5</sup> The results of Hammerschlag and Koppers were carefully summed up in the EPILOGUE.

<sup>6</sup> *Deut. med. Zeit.*, 1892, No. 67.

<sup>7</sup> Koppers, *Intern. klin. Bund.*, 29, 30, 1893.

<sup>8</sup> *Inaug. Dissert.*, Würzburg, 1893.

<sup>9</sup> Schaefer, *Berl. klin. Woch.*, 1892, 29.

<sup>1</sup> *Berl. klin. Woch.*, 1888, p. 309.

<sup>2</sup> *Zeit. f. phys. Chem.*, xiv, p. 52.

<sup>3</sup> *Deut. med. Woch.*, August 7th, 1890, and *Pharm. Jour.*, August 30th 1890.

power of morphine. Schaefer<sup>10</sup> found that in cases of great psychical and motor excitation trional could not take the place of hyoscin. He likewise attributed no good effects to trional in the treatment of morphino-cocaine psychoses. This is however disputed by Boettiger and Hammerschlag, the latter differing from other observers in finding trional a useful hypnotic in the treatment of the majority of alcoholics. Hammerschlag<sup>11</sup> finds the results as good as or better than those with those chloral or morphine in the treatment of cases he quotes, including melancholia, mania, hysterical and epileptic conditions, hypochondria, paranoia, and general paralysis of the insane.

THE sittings of the Poor-law Schools Committee were resumed on January 16th.

A MEMORIAL of the late Professor Theodore von Billroth is to be erected within the precincts of the University of Vienna.

It has been found necessary to alter the date of the lecture to be given by Dr. Jameson at the Imperial Institute from February 11th to February 4th.

THE course of Lettsomian Lectures before the Medical Society, on the Combinations of Morbid Conditions of the Chest, by Dr. Frederick Roberts, will commence on Monday evening next.

THE dinner to be given to Dr. Jameson, C.B., of Mashonaland, by his teachers and fellow students at University College, and other friends, will take place at the Hôtel Métropole on Thursday, January 24th, at 7.30 P.M. The chair will be taken by Mr. Christopher Heath, Senior Surgeon to University College Hospital.

WE understand that no steps have yet been taken towards filling up the vacancy in the Chair of Physiology at Oxford caused by the appointment of Professor Burdon Sanderson to the Regius Professorship of Medicine. Among the names which have been mentioned in connection with the appointment are those of Professor Schäfer, F.R.S., of University College, London; Professor Gotch, F.R.S., of University College, Liverpool, formerly Lecturer on Physiology in the University of Oxford; Dr. J. S. Haldane, the present incumbent of that post; and Mr. J. N. Langley, M.A., F.R.S., University Lecturer on Histology in the University of Cambridge.

#### CHELSEA HOSPITAL FOR WOMEN.

WE are informed that at a fully attended special meeting of the Board of Management of the Chelsea Hospital for Women, held on Wednesday, January 16th, the following appointments were unanimously made to the medical staff: *Physicians to In-Patients*: Drs. William Duncan and W. H. Fenton. *Surgeon to In-Patients*: Mr. Robert O'Callaghan, F.R.C.S.I. *Physicians to Out-Patients*: Drs. J. Inglis Parsons, A. E. Giles, and T. W. Eden. *Pathologist*: Dr. E. J. Maclean. *Registrar*: Mr. G. H. A. C. Berkeley, M.B., B.C.

#### LORD RANDOLPH CHURCHILL.

WE understand that on January 10th Dr. Gowers, Dr. Buzard, Dr. Robson Roose and Dr. Keith met in consultation on the case of Lord Randolph Churchill. The improvement which we reported last week has not been maintained. On

January 11th Lord Randolph had a serious relapse. Great weakness and intermittency of heart, approaching to syncope, occurred, with a tendency to coma. The next day, however, a rally took place, and the coma passed away, but the previous condition has not been regained. He has appeared to become considerably weaker day by day, the drowsiness or semi-coma recurring at intervals. On January 16th great failure of the heart was observed, and in the evening he passed into a condition of complete coma, which was followed, on the restoration of consciousness, by slowing and intermittency of the pulse and great disturbance of the respiration, rendering his condition one of extreme gravity; he appeared in fact, to those around him, to be sinking. On the following morning, however, his condition was a little better, but the pulse was very feeble, slow, and intermittent, and there was considerable hypostatic congestion of the lungs.

#### THE LATE DR. WITHERS MOORE.

THE Council of the British Medical Association at its meeting on January 16th unanimously adopted the following resolution, which was moved by Dr. Holman and seconded by Mr. Verrall: "The Council desire to place on record their deep regret at the loss of their valued colleague, Dr. Withers Moore, Vice-President of the Association. For more than thirty years Dr. Moore had been a member of the Association, and during the whole of that period had taken an active interest in its affairs. His work for the Association, and the esteem in which he was held by the members of the South-Eastern Branch, combined with his position in the profession, led to his election to the office of President at the meeting in Brighton in 1886. The esteem and confidence of his colleagues was subsequently shown by his election to the responsible and honourable position of President of the Council in 1890. These posts he occupied with activity and ability, and to the great advantage of the Association. By the death of Dr. Withers Moore the Council lose not merely an active and useful member of their body, but a colleague whose opinion was invariably that of an honourable and upright gentleman. The loss of such men cannot be too deeply deplored." The resolution was adopted in silence, the members of the Council standing.

#### POISONING IN THE PUNJAB.

THE report of the Chemical Examiner to the Punjab Government (Surgeon-Captain C. H. Bedford, M.D., D.Sc.) for the year 1893 gives some interesting particulars regarding the chief poison used for the destruction of life in that province. Articles connected with 498 cases of human poisoning and 238 cases of cattle poisoning were submitted for examination, with the result that poison was detected in 78.88 per cent. of the former and 73.5 of the latter. The poisons found in human cases were principally opium (50.8), arsenic (37.2), and datura (4.4); these three accounting for 92.4 of the whole. Opium is used mainly for suicide, rarely for homicide, while arsenic and datura are employed solely for homicide. Cattle poisoning, which is perpetrated for the sake of the hide, was in 92.52 of the cases done by means of arsenic; croton seeds, mercury, and aconite being used in a few cases. There were 32 cases of cattle poisoning by means of wooden needles smeared with a paste composed of the powdered seeds of the *abrus precatorius*. One case of human poisoning by this means was submitted. From the vicinity of the puncture an alkaloid was extracted, which, injected under the skin of a frog, caused its death in 15 minutes. In addition to cases of suspected poisoning a large number of articles were examined for blood and semen, and 65 articles connected with 17 cases of abortion, of which 7 were fatal. Poison was found in half of the articles. A large number of samples of water, food, drink, and drugs, submitted by the civil and military departments, were also

<sup>10</sup> *Loc. cit.*

<sup>11</sup> *Inaug. Dissert.*, Berlin, 1893.

examined. The work done by the provincial chemical examiners in India is of a very important character and becoming, like every other work in India, yearly more burdensome. Reports such as this possess a high value as indicating the criminal habits of Indian people, and it would be exceedingly interesting if a series of them for the whole of India were carefully collected by a competent compiler. The fusion of the provincial chemical departments into an imperial whole would greatly facilitate the preparation of such a record.

#### PRACTICAL SYMPATHY.

It will be remembered that some little time ago Dr. Cullingworth, Obstetric Physician to St. Thomas's Hospital, had to defend an action in the Court of Queen's Bench under circumstances which illustrate very well the hardships and vexations to which a member of the medical profession may be subjected in the course of his professional work. We are informed that Dr. Cullingworth has been indemnified by his professional brethren for the whole of the costs incurred. Soon after the trial an eminent Fellow of the Royal College of Physicians in writing, as an old friend, to congratulate Dr. Cullingworth on the result of the action, enclosed a most generous contribution towards his legal expenses. On Saturday evening last the medical and surgical staff of St. Thomas's Hospital gave practical and graceful expression to the sympathy they felt for their colleague by presenting him with a cheque for the remainder of his outlay. We may congratulate Dr. Cullingworth, and, we think, the profession at large also, on this spontaneous act of sympathy and appreciation.

#### THE NEW PRESIDENT OF THE INDIAN MEDICAL BOARD.

THE Lieutenant-Governor of the North-West Provinces has placed on record his appreciation "of the excellent and devoted services" rendered by Brigade-Surgeon-Lieutenant-Colonel W. Roe Hooper, who has been appointed President of the Medical Board at the India Office. The note states that this officer entered civil employment in 1861, and after serving for eleven years at the central prisons of Allahabad and Benares, was placed in medical charge "of the important station and district of Benares, where the magnificent Prince of Wales Hospital is a monument of his untiring energy in charitable medical work as well as of his personal popularity." In August, 1891, he was appointed Civil Surgeon at Lucknow, where, it is added, he not only earned the approval of the Government of India, but gained the confidence and affection of all classes of the European and native communities. "In 1881 he received the thanks of His Excellency the Viceroy and Governor-General of India, and between 1878 and 1893, on eight separate occasions, those of the Government of these Provinces, for the working of the hospitals and other medical institutions under his charge, and throughout a long career he has well upheld the high character of the service to which he belongs."

#### BRITISH MEDICAL BENEVOLENT FUND.

THE annual general meeting of this fund was held on January 10th, when the Secretary was directed to convey an expression of sympathy to Sir James Paget in his recent bereavement. Dr. Samuel West, who has succeeded Dr. Sidney Phillips as Honorary Financial Secretary, presented the financial statement and report, from which it appeared that, in the grant or immediate relief department, the receipts had been as follows: Subscriptions, £1,083 14s. 5d.; donations, £707 8s. 4d.; together, £1,791 2s. 9d.; while £1,759 had been expended in grants to 169 applicants. At the close of the year there were 104 annuitants of £20 each, absorbing £2,053, and the income from investments to meet these annuities had been £1,938 11s. 3d. Two legacies had been received, one of £100 from the estate of the late Mr.

E. Newton, F.R.C.S., formerly a member of the Committee, and one of £500 from that of the late Mr. T. Madden Stone, but the latter had been received too late for inclusion in the balance sheet. The expenses, including the collection and distribution of £3,812, the printing, postage, and stationery, the collector's commission, and sundry incidental expenses, had amounted to £161 13s. 10d. The report of the Committee mentioned the objects of the Society and the various methods of applying the funds at its disposal, and, while they felt able to speak well of the annuity department, were persuaded there was room for a great deal of improvement in the contributions given for grants, which were wholly inadequate to meet the requirements of applicants, so much so that it had been necessary to use the whole of the large donations, contrary to the usual custom. Three local secretaries, Mr. G. F. Hodgson, of Brighton; Mr. Bartrum, of Bath; and Dr. Cooper Rose, of Hampstead, had resigned during the year. Successors for the first two had been found, and an earnest hope was expressed that others in various parts of the kingdom would be found willing to undertake similar duties. The duties of local secretaries comprise not only the collection of funds and the advocacy of the claims of the Fund, but also the investigation of claims on the spot and the administration of relief. The chair was occupied by Dr. C. J. Hare, who in returning thanks for a vote of thanks to him for his services, took occasion to speak in terms of warm praise of the utility of the Fund, its quiet, unobtrusive work, and the excellence of its method of giving assistance after full investigation. Subscriptions and donations, which are urgently needed, will be received and acknowledged by any official of the Fund, or they may be sent direct to Dr. Samuel West, 15, Wimpole Street, Cavendish Square, London, W.

#### SICK ROOM COOKERY FOR MEDICAL STUDENTS.

THE first of a series of four demonstrations on sick room cookery for medical students was given in the large theatre of the Edinburgh Royal Infirmary on January 12th, when the following subjects were taken up and illustrated: Beef-tea, quickly made, ordinary, raw, and essence; Restorative Beef-tea, Sago Pudding, Orange Jelly, Game Omelette. The second demonstration is to be given on January 19th, and the programme is: Fish Soup, Stewed Fish, Minced Chicken, Poached Eggs, Calf's Foot Jelly, Egg Drinks, Raw Beef Sandwiches. The third on February 2nd, with this programme: Stewed Sweetbreads with white sauce, Fish Cream, Snowflake Potatoes, Apple Jelly, Lemon Barley Water, Gruel. The fourth on February 9th, with this programme: Peptonised Foods—beef-tea, jelly, etc., milk, gruel, farina; Tea, Coffee, and Chocolate. The demonstrations are given by teachers from the Edinburgh School of Cookery and Domestic Economy, 3, Atholl Crescent. The ticket for the course costs 3s. 6d. Each demonstration lasts from 10 to 11 20, and the textbook recommended is *The School Cookery Book*, price 1s. (Macmillan and Co.), along with Sir William Roberts's *Receipts for Peptonised Foods*, price 1d.

#### THE SICK POOR IN PROVINCIAL WORKHOUSES: OKEHAMPTON.

WE have good reason to hope, from the discussion in many of the local papers, that the Devonshire ratepayers, roused by the scandal of Newton Abbot, are now determined to overhaul the condition of all their workhouses and infirmaries. That at Okehampton has lately attracted attention, and our Commissioner accordingly paid that place a visit, a report of which will be found in another column. It appears to be one of those numerous unions in which both board and officers are striving to make the best of entirely unsuitable premises. Whitewashed walls might be rendered smooth and painted, armchairs might be provided for the infirm patients, and our Commissioner suggests various other minor improvements which could be carried out at a

small cost and would add to the comfort of the patients. But none of these would remedy the real difficulty—the bad situation (the bank of a river in a narrow valley) and the unsuitable structure. The wards are old, there is no day room for the men, nor any proper isolation ward, the receiving room being used as such when required, kitchen and laundry are inadequate, the children's quarters dreary and comfortless. No classification is possible under the existing arrangement—a defect not perhaps very sensibly felt at the time of our Commissioner's visit, as there were few patients in bed and no acute or offensive case. But such immunity cannot always be looked for where the infirmary is the only hospital for the district. With regard to those trifles which make all the difference to the cheerful look of a ward and to the happiness of the poor little waifs whose only home is the workhouse, we have often wondered why it is that the thoughtful care of the charitable does so little for the work-houses as compared with the hospitals. The guardians of a poor union may with some show of reason refuse to spend the ratepayers' money on decorations for the sick wards, such as growing plants and coloured prints, or in toys for the children, but they would surely not refuse such gifts if offered by kindly disposed persons. We are glad to note the presence of a nurse with some training and more experience, and we hope the guardians will soon see their way to building a new house on a more suitable site.

#### THE REFORM OF THE UNIVERSITY OF LONDON.

THE Convocation of the University of London will again discuss on Tuesday next the proposals for the reform of the constitution of the University. A report will be presented to an extraordinary meeting summoned for that day by the Annual Committee of Convocation. It will be remembered that the Annual Committee elected in May last differed very considerably in constitution from that which had previously held office. The report to be presented on Tuesday sets out at great length the reasons of the history of recent negotiations, and recommends certain resolutions for adoption by Convocation. Of these the first expresses the opinion that there should be not two but one University in London, and that this object should be attained by an enlargement and reconstruction of the existing University, so as to enable it to promote learning, scholarship, and research as a teaching University for London, while retaining its existing powers and privileges, and without interfering with the efficient discharge of its present duties as an examining body for students from all parts of the British Empire. A second resolution expresses general approval of the proposals contained in the Report of the Royal Commission, but states the opinion that the Statutory Commission ought to have power to vary the details, and to be instructed before framing the statutes and regulations to confer with representatives of the Senate and Convocation as to the modifications which may be desirable. A third resolution suggests the appointment of a special committee of nine members to prepare a memorandum for the Statutory Commission, and to confer with that Commission and with any committee of the Senate.

#### THE SMALL-POX OUTBREAK IN DUBLIN.

THE small-pox epidemic in Dublin still continues, although there has been no serious increase in the number of new cases. Over 800 persons have been treated in the two hospitals which receive the cases—the Hardwicke and Cork Street. The new arrangement, by which convalescents are received into the Kilmainham auxiliary of the South Union Workhouse, has greatly enlarged the powers of the hospitals to cope with the outbreak. As soon as possible after a patient enters upon convalescence he is removed to Kilmainham, so that the wards are lightened to that extent for the reception of acute cases. The mortality has been from 15 to 20 per cent. A certain proportion of vaccinated persons have been attacked and

have died, but, so far as we are able to learn, no recently revaccinated person has been attacked. We are aware of one large establishment in which all the clerks, with one exception, were revaccinated, and that gentleman is the only person who has suffered from the disease. The death-rate in Dublin last week rose to 30. There were 11 deaths from small-pox. Of these, 5 (aged respectively 10, 21, 40, 42, and 64) had been vaccinated, and 6 (aged respectively 1, 3, 4, 9, 9, and 13) were unvaccinated; 88 cases were admitted to hospital, being 17 in excess of the admissions for the preceding week; 53 were discharged; 11 died; and 194 remained under treatment on Saturday last, being 24 over the number in hospital at the close of the preceding week. Since the appearance of this disease in July last, the deaths from it within the Dublin Registration District registered in each week from July 21st to January 12th have been respectively 1, 0, 1, 1, 3, 6, 0, 1, 2, 0, 2, 4, 2, 4, 1, 4, 3, 1, 3, 6, 5, 6, 10, 5, and 11, making a total of 84 deaths, all except 1 of which occurred in hospital; and the admissions to hospital during the same period have been 0, 4, 9, 26, 37, 14, 16, 16, 12, 13, 19, 8, 8, 28, 15, 28, 37, 24, 18, 37, 34, 86, 113, 32, 71, and 88 weekly.

#### TYPHUS FEVER PAST AND PRESENT.

TYPHUS fever, hardly known by experience to the majority of practitioners in Great Britain, was half a century ago one of the greatest scourges of our large towns. An interesting chart, founded on historical data and recording the incidence of typhus fever in Dundee, was presented recently to the Sanitary Committee of the Town Council. The chart, which was the work of Dr. J. W. Miller, went back to 1834, and showed that in 1835, when the population of Dundee was little more than a third of what it is at the present day, no fewer than 778 cases of typhus fever were treated in the Dundee Infirmary. As there were no special powers for removal of such cases to hospital, nor, of course, any compulsory notification, it seems fair to assume that the actual number of cases in the town must have been much larger—probably twice the number admitted to the infirmary. If it be contended that typhoid fever was then certainly included under the head of typhus, there is still the statement that in 1865 the number of cases admitted to the infirmary was 1,084. In 1867 the Public Health Act for Scotland was passed; and in 1871, under an Improvement Act, a great number of old insanitary houses were demolished and new streets opened up through densely populated localities. In 1873—as soon, therefore, as the effect of these improvements could be expected to be felt—the number of cases admitted dropped to 134. The Notification Act came into operation in 1882, and soon afterwards a contagious hospital was erected. Since 1893 all the cases of typhus fever have been recorded, and are as follows: 1883, 29 cases; 1884, 60 cases; 1885, 45 cases; 1886, 80 cases; 1887, 28 cases; 1888, 10 cases; 1889, 13 cases; 1890, 61 cases; 1891, 82 cases; 1892, 99 cases; 1893, 43 cases. The history of Dundee in this respect is the history of many other large towns in the British Isles during the last century. The debt which the nation owes to sanitary science, upon which public health legislation is founded, is incalculable.

#### THE LIVERPOOL MEDICAL SCHOOL.

THE annual distribution of medals and prizes to the students of the medical faculty of University College, Liverpool, took place on January 12th in the Victoria Buildings, the Right Hon. the Earl of Derby, President of the College, presiding. The distribution was preceded by an eloquent and scholarly address by Professor Gotch, F.R.S., dealing with some points in the development of the sciences of physiology and pathology, and with certain problems connected with modern medical education. In connection with the recently endowed Chairs of Anatomy and Pathology, and the contemplated reconstruction of the buildings of the medical school, he paid a fitting tribute to the liberality of the Earl

of Derby, of Mr. George Holt, and of the Rev. S. A. Thompson Yates. In the course of his remarks he said that one lesson taught with greater emphasis than another by the history of every department of knowledge and education was that, however restricted might be the scope of teaching, even elementary instruction should be given by those who had every opportunity of studying the subject as completely as possible. The greatest mistakes of education had been those which proceeded from the belief that elementary teaching could be undertaken by anybody. The present examination system had appeared to him for some time to be one of the evils in modern education. Teachers who had students under them should know far better than any extern examiner whether a student had done his work efficiently, grasping the essential principles and assimilating the main facts. He looked forward to the day when there would be a radical alteration, though he did not believe it would make the portals of the medical profession more easy to force than they were at present. The Earl of Derby, in the course of an interesting speech, expressed his satisfaction that his forecast last year as to the future progress of the school had been already in certain important respects fulfilled, and alluded to the unsatisfactory state of the present school buildings. His lordship then distributed the medals to the successful students. A vote of thanks to Professor Gotch for his address was moved by Mr. W. Rathbone, M.P., and seconded by Dr. Caton. Professor Gotch, in his reply, emphasised the great obligation under which the school was to Dr. Caton for his untiring exertions in its behalf. A *conversazione* was afterwards held in the Victoria Buildings.

#### SEWAGE IN OYSTERS.

WE have received a communication from Sir Charles A. Cameron, Medical Officer of Health for Dublin, in the course of which he says:—Sir William Broadbent's observations in reference to the transmission of typhoid fever poison through the medium of oysters, which appeared in the *BRITISH MEDICAL JOURNAL* of January 12th, deserve the most careful consideration. At the meeting of the British Medical Association at Cambridge fifteen years ago I read a paper on "Typhoid from Oysters." My hearers seemed to think that this paper was one which might amuse but could not instruct them, although I stated that I had found sewage in considerable quantities in oysters. Since then the possibility of the *materies morbi* of enteric fever and of other diseases gaining access to oysters has frequently been discussed, and I have published the cases of a large number of persons who were undoubtedly subjected to severe gastro-enteritis as the result of eating oysters which were undoubtedly fresh. I have frequently examined oysters taken from the estuaries of rivers, and often detected sewage in them. This pollution must also occur in cockles and mussels. There seems to be little doubt that oysters and other edible bivalves, taken from places to which sewage has access, must occasionally be the vehicle of pathogenic bacilli. This matter ought to be considered by the sanitary authorities whose districts abut on bays and the seashore, and they should not permit oysters to be cultivated on beds to which sewage has direct access. With lobsters and crustaceans generally there need be no interference, as no danger is incurred by eating them even when they have fed in foul water.

#### THE UNIVERSITY OF EDINBURGH.

DURING the past year the total number of matriculated students (including 140 women) was 2,949. Of this number, 1,494 were enrolled in the Faculty of Medicine. Of the medical students, 623 (nearly 42 per cent.) belonged to Scotland, 498 (fully 33 per cent.) to England and Wales, 74 to Ireland, 59 came from India, 205 from the Colonies, and 35 from foreign countries, whilst the total number of students of medicine has decreased in recent sessions, the ratio of

students coming from the countries named has been practically unchanged for the last ten years. The General Council of the University now numbers 7,642 members. During the year the following numbers of degrees were among others conferred: Doctor of Science (D.Sc.), 7; Bachelor of Science (B.Sc.), 28; Doctor of Medicine (M.D.), 64; Bachelor of Medicine (M.B.), 245. The total annual value of the University Fellowships, scholarships, bursaries, and prizes now amounts to about £15,930; of this, £3,750 belongs to the Faculty of Medicine, and £420 to the Faculty of Science. A new departure has been made in the admission of women to degrees in medicine, provided they have obtained their medical education in extra-academical schools specially recognised by the University. The McEwan University Hall is approaching completion, and it is hoped that it may be ready for the summer graduation ceremonial on August 1st next. The total number of professors in the University is now 39. Of these, 13 belong to the Faculty of Medicine. Courses in physics, mental diseases, diseases of the eye, diseases of children, regional anatomy, experimental pharmacology, and pathological bacteriology, are now given in the Faculty of Medicine.

#### THE ROYAL METEOROLOGICAL SOCIETY.

THE annual meeting of the Royal Meteorological Society was held on Wednesday evening last, when the President, Mr. R. Inwards, F.R.A.S., delivered an address on the subject of "Weather Fallacies." He divided these into "Saints' Day Fallacies," "Sun and Moon Fallacies," and "Fallacies concerning Animals and Plants." He also referred to the almanack makers, and to some weather prophets and impostors who from time to time, he said, furnished the world with fit materials for its credulity or its ridicule. The report of the Council presented to the same meeting stated that forty-five new Fellows had been elected during the year, and that additional accommodation had been provided to meet the growing need of the library.

#### ANTIVACCINATIONISTS IN THE WEST.

IN the recent election of guardians for the unions into which Bristol is divided the antivaccination party exhibited considerable activity, and the question was made rather a prominent one. It was, therefore, only to be expected that the matter would come up at an early date when the new Boards met. It appeared on the agenda at the last meetings of both the Bristol and Barton Regis Boards of Guardians. At the former it was moved:

That no further proceedings in the police court to compel parents to have their children vaccinated be taken by this Board.

The Chairman (Mr. J. W. Lane), however, at once ruled the motion out of order on the ground that the responsibilities and action of the guardians were governed by Article 16 of the Local Government Board's order of October 31st, 1874, and the Board's duty was to carry out the law as it stood. There was a protest against the ruling, but the Chairman held firmly to the position he had taken up, and a resolution to proceed to the next business was at once adopted. At the Barton Regis Board the antivaccination resolution was as follows:

That no further prosecutions be ordered by the Board against defaulters under the compulsory clauses of the Vaccination Act until the Royal Commission has issued its report.

The matter was pretty fully argued, and Dr. Harrison and Miss Clifford gave their testimony in favour of vaccination. They advocated the dealing with each case upon its merits, and the enforcement of the law where deemed desirable, and this course was adopted by a majority of votes.

#### MICROBES AND MONEY.

THAT money is the root of all evil is one of the stock platitudes of the pulpit, but probably the preachers themselves do not always fully realise the vileness of the gold and the filthiness of the lucre they are so fond of denouncing. That

thriving colonies of microbic "small deer" are found on banknotes is one of the many uncomfortable revelations we owe to bacteriology; and it is equally well known that the germs of contagious diseases circulate with the metallic currency. So impressed with the danger arising from this source is Professor Demosthenes, of Bucharest, that he urges medical men to use strict antiseptic precautions in receiving their fees. He describes the practitioner who attends a case of scarlet fever or other infectious illness receiving money which has been under the patient's pillow, or, at any rate, in contact with him. Then he goes straight to the bedside of another sufferer, and feels his pulse, and touches various parts of his person, giving the microbes received with the fee from the first patient an excellent chance of finding fresh pastures. In course of time the doctor returns to the bosom of his family laden, we are led to infer, with precious metals and bank notes, and distributes the day's catch of microbes among his children in returning their caresses. This is a terrible picture, but it suggests to our minds certain reflections. In the first place it does not appear superfluous to inquire whether it is not the custom of our brethren in Roumania to go through some process of purification, at least to the extent of washing their hands, before they pass from one patient to another. Again, are all Dr. Demosthenes's brother practitioners paid in ready money? We imagine that many doctors in this country would cheerfully take the risk of contagion if they could get the cash. Professor Demosthenes concludes his discourse with the warning: "Be on your guard against your patients' money." This, we submit, is a somewhat dangerous doctrine, and we only hope his patients may not take advantage of the situation. His suggestions for the disinfection of bank notes with 5 or even 10 per cent. solutions of carbolic acid do not sound very practical, but it is, at any rate, comforting that he does not insist on sterilisation by flame. This method of disinfection would, no doubt, be approved of by the banks.

#### SCOTTISH ASSOCIATION FOR THE MEDICAL EDUCATION OF WOMEN.

THE fifth annual meeting of this Association was held on Tuesday, January 15th, under the presidency of Sir Alexander Christison. The report showed a deficit of a few pounds, a much better financial condition than has hitherto been experienced in the history of the Association. It was pointed out that three of the Scottish Universities were now prepared to grant degrees to women, namely, Glasgow, St. Andrews, and Edinburgh, and that Edinburgh had recognised the school conducted by the Association "as a medical school and course of instruction qualifying for graduation in medicine," and that this necessarily increased the necessity of having a thorough equipment of the school. A school for women students affiliated to the university would put the medical education of women on a permanent basis, would do away with the necessity for disturbing the university arrangements for the education of men, and, indeed, be a fitting complement to the various facilities (educative) of which Edinburgh was so proud. The following office-bearers were appointed for the ensuing year:—*President*: Sir Alexander Christison, Bart. *Vice-Presidents*: Mrs. Auckland Geddes; Mr. J. R. Findlay. *Members of Court*: Dr. R. C. MacLagan, Mr. Robert Simson, Dr. J. Allan Gray, and Dr. Francis Cadell.

#### HOSPITALS, INFIRMARIES, AND STUDENTS.

In discussing recently the hardships which are endured by many members of the poorer classes who suffer from some chronic disease, we pointed out that it was incorrect to say that no provision at present exists for them, inasmuch as they are eligible for admission to the Poor-law infirmaries. Shortly afterwards Miss Twining addressed a letter to the

*Times* somewhat to the same effect, in the course of which she said that the Poor-law infirmaries "are allowed by all competent judges to be equal to the voluntary hospitals (at least in the metropolitan district) in care and nursing." Miss Twining perhaps went too far in making this assertion even of the best Poor-law infirmaries, and her letter has drawn from the Chaplain of Guy's Hospital an interesting communication to the *Times*, in which he urges that there is need not only for homes for the hopeless sick and dying who have means or friends to do something towards their support, but also of "free places for respectable folk whose past history makes one shudder at the prospect of sending them to lie and to die amidst the ordinary clients of the Poor Law." This picture is, we hope, overdrawn, but the special point of interest in the letter of Mr. Bowden, who has had considerable experience, both of a Poor-law infirmary and of a voluntary hospital, is a point which he makes in favour of the large voluntary hospital. "In a Poor-law infirmary there is usually only one doctor to look after 200 patients, and his power is despotic; in a voluntary hospital no one doctor has more than thirty patients, and he has attending him that great safeguard of the sick poor, a body of students anxious to learn why he does this and that, and eager to detect symptoms and to watch the progress of his cases." We have again and again pointed out that this is true, and that, so far from the presence of students being to the disadvantage of patients, a teaching school, properly conducted, invariably tends towards greater efficiency; but it is satisfactory to have this opinion confirmed from an independent and competent source. If the great Poor-law infirmaries were more freely opened to medical students a great advantage would be conferred not only on medical education but also on the inmates. The time must come when the present Chinese wall of obstruction will be broken down. Those who attempt the task must be prepared for a little obloquy from ignorant and fanatical persons, but they will earn the respect of those who know and the gratitude of those who suffer.

#### A "CANCER CURER."

At the Waterford Quarter Sessions, on January 2nd, a "cancer curer" named Thomas McGrath was sued by a patient for the recovery of £20, for that the defendant undertook for a certain fee to cure the plaintiff of a cancer in the hand, and by his negligent and improper treatment aggravated the disease to such an extent that the arm of the plaintiff had to be amputated at a later date. According to the evidence as reported in the *Waterford Standard*, the plaintiff had been previously treated by various duly qualified surgeons, who had advised excision of the wrist of the affected hand, but unfortunately had elected in preference to consult, and had placed himself under the care of, the unqualified defendant. He was by this person treated by certain plasters and powders applied locally, with the effect, as declared in the evidence, that the hand was greatly inflamed and ulcerated. The plaster was acknowledged to contain corrosive sublimate. The plaintiff's case was supported by the evidence of various medical men; and the defendant, after giving evidence in his own favour, desired by his counsel to put in the box persons who had been cured of cancer by his treatment. The judge declined to admit such evidence, stating that these persons could not know whether or not it was really cancer from which they had suffered. After a protracted trial, the jury gave a verdict for the plaintiff, with costs, awarding him, however, only 17s. 6d., that being the amount of the fee paid by him to the defendant. To bear the pain of a caustic application to a cancerous growth for seventeen weeks without a cure being effected, then to have one's arm amputated in consequence thereof, and finally to have the damages sustained estimated by an enlightened jury at 17s. 6d.—these things are not calculated to increase the faith of the ignorant in the advantages of quackery over skilled advice.